

Patient agreement form: buprenorphine/naloxone take-away doses

Patient name: _____

Date of birth: _____ / _____ / _____

Buprenorphine is an effective medicine when used in a safe and responsible way. However, when used inappropriately, there are risks of harm or death. Injection of buprenorphine and use together with benzodiazepines has been associated with a number of Victorian drug deaths. Injection of buprenorphine that has been in someone's mouth has led to several cases in Victoria of a fungal infection in the eye that causes loss of vision or blindness. Injection of preparations intended to be taken by mouth causes a risk of vein damage.

This agreement is about safety with take-away doses, it's about YOU taking responsibility for the take-away doses prescribed to YOU, to protect the safety of yourself and others.

1. I understand that my buprenorphine dose is prescribed for me only, based on my level of opioid tolerance. If somebody else takes my dose, they could overdose or even die.
2. I know that take-away doses are not an automatic right.
3. I understand that take-away doses are only provided to me if my prescriber has assessed that I am stable and there is a legitimate need (such as being unable to attend the pharmacy due to work or study commitments, urgent travel or the pharmacy is closed).
4. I understand that the number of take-away doses I receive can be decreased or removed by my prescriber (in consultation with my pharmacist and myself) when there are verified concerns about my ability to manage my take-away doses safely or responsibly.
5. I understand that it is important not to share my take-away dose with anyone because of the risk of overdose or other harm.
6. I understand that it is important to store my take-away doses safely. Safe storage of take-away doses includes:
 - not leaving take-away doses unattended in cars, public transport, planes, public areas, etc.
 - not leaving take-away doses where someone else can see or access them (e.g. not in the fridge, in a bag, on a shelf or bench-top)
 - making sure take-away doses are locked away (e.g. in a cupboard, drawer, cash box or safe)
 - keeping take-away doses out of reach of children at all times.
7. I agree to take full responsibility for all take-away doses that are supplied to me and I understand that lost or stolen take-away doses or take-away doses used in advance may not be replaced.
8. If I am prescribed naloxone, I understand that I will need to learn how to use it to reverse a possible opioid overdose.
9. I understand that my prescriber may reduce or stop prescribing take-away doses to me if I do not comply with any part of this agreement.

Patient signature: _____

Date: _____ / _____ / _____

Prescriber: _____

Date: _____ / _____ / _____

If you have any questions or concerns about treatment, if you are experiencing a problem, if you need independent advice or support, or feel you are being unfairly treated by your pharmacotherapy service providers – the Pharmacotherapy Advocacy, Mediation and Support (PAMS) service is available on 1800 443 844 (open from 10am–6pm, Monday to Friday).